

Leesburg Fire Department Tobacco Affidavit

I, _____, do hereby affirm that
Name (type or print)

I have not been a user of tobacco products for at least one (1) year immediately preceding my application for employment as a firefighter, in accordance with Section 633.34(6), Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signature of applicant

State of Florida
County of _____

The foregoing instrument was acknowledged by
me this _____ day of _____,
20__ by _____
(Name of person acknowledged)

() who is personally known to me, or () who
has provided _____
as identification.

Signature of Notary

Notary Seal